Vietnamese firm VaBiotech and International Vaccine Institute and the technology for production has been transferred to a firm in Hyderabad;

(b) if so, the details of the invention and how the new vaccine helps in curbing cholera which is still an endemic disease in some States of the country; and

(c) what steps the National Institute of Cholera and Enteric Diseases is taking to procure this vaccine for use in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) and (b) Yes. The vaccine has been used in Vietnam's public health sector in high risk cholera areas and more than 9 million doses have been administered. However, an analysis of the Vietnamese vaccine showed that to comply with WHO guidelines, the vaccine needs to be reformulated and its production technology modified. The International Vaccine Institute, Seoul, Korea worked with the Vietnamese producer, VABIOTECH, to develop an oral, killed Bivalent whole cell based cholera vaccine that meets quality standards and transferred the production technology to Shantha Biotechnics Ltd. of India. In India, National Institute of Cholera and Enteric Diseases (NICED) has conducted trial with modified vaccine in 2006. The vaccine shows protective efficacy of 67% and no decline for further 2 years.

(c) The NICED, Kolkata is not procuring the vaccine in the country. Shantha Biotechnics Ltd. Hyderabad, has been given the license in February, 2009 by Drugs Controller General (India) to produce the vaccine.

Deaths due to vaccination to children

3107. SHRI M.V. MYSURA REDDY:
SHRI NANDAMURI HARIKRISHNA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that after administration of measles vaccine, four children died in Tamil Nadu;

(b) whether such kind of incidents have also reported from other States;

(c) whether it is also a fact that the vaccine is manufactured by a unit owned by the National Dairy Development Board;

(d) whether the unit has got the expertise and technological know-how to manufacture such an important vaccine;

(e) whether any complaint received from the other dozes which are to the extent of 45 lakh, supplied to other parts of the country; and

(f) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD) : (a) Yes. Four deaths of infants were reported following administration of measles vaccine in Tamil Nadu on 23rd April, 2008.

(b) Yes. Four cases each from Maharashtra and Assam were also reported during 2008.

(c) Yes. The Measles vaccines administered .in Tamil Nadu and Assam, which resulted death cases, were manufactured by Human Biologicals Institute, Hyderabad which is a Division of Indian Immunologicals Limited, a wholly owned subsidiary of the National Dairy Development Board.

(d) The unit has imported working seed lot (Edmonston-Zagreb strain) from Institute of Immunology, Zagreb, Croatia for the manufacturing of live attenuated measles vaccine.

(e) and (f) No.

Pregnancy related deaths

3108. SHRI MAHENDRA MOHAN:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that an estimated 141,000 women die every year during pregnancy or child birth in the country;

(b) whether Government is also aware that poverty and poor nutrition resulting in high levels of anaemia in pregnant women is one of the reasons for these deaths;

(c) if so, what has been done to provide nutrition and safe environment and hygiene to the women in the healthcare centres particularly in rural region; and

(d) what has been done under NRHM in this regard particularly in Uttar Pradesh, Jharkhand and Chhattisgarh and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) For estimates on maternal mortality, this Ministry relies on the survey reports released by the Office of the Registrar General of India (RGI). As per the latest estimates of Maternal Mortality Ratio (MMR) from the (RGI) – Sample Registration System (SRS), the MMR of India is 254 per 100,000 live births (2004-06). However, **absolute number of maternal deaths per year is not available from RGI**. The latest MMR translates into an approximate number of 67,000 maternal deaths per year.

The causes of maternal deaths as per RGI-SRS (2001-03) are Haemorrhage (38%), Puerperal Sepsis (11%), Obstructed Labour (5%), Abortions (8%), Toxaemia of Pregnancy (5%) and Others (34%). Causes listed as "Others" include Anaemia.

As per the-National Family Health Survey 3 (NFHS-III, 2005-06), the prevalence of anaemia is higher in rural areas, among illiterate women, those from low income families and from scheduled castes and scheduled tribes. Details of NFHS-III findings are given in the Statement (*See* below).